

OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-013300A		STN# 01		PRIMAR YES																																					
ON		OR		BETWEEN		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-013300A		BURGLAR FORCE NO. F. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NO. OF UNITS ENT. 2																																					
MM/DD/YY 09/07/2015		MM/DD/YY		MM/DD/YY 09/07/2015		ADDRESS / LOCATION OF INCIDENT 3007 CERRILLOS ROAD (MOTEL 6)				CITY SANTA FE		CTY. 01		ZIP 87507		GANG REL. YES NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HATE / BIAS MOT. CODE 00																																			
TIME 07:12		DAY OF WEEK MON		TIME 07:12		DAY OF WEEK MON		STATUTE OR ORDINANCE SFPD-03				FEL/ MISD. N		ATTEMPTED/ COMPLETED C		UCR OFFENSE CODE 90A		DOM. VIOL. NO		SEX CRIME? NO		CHILD NO		CRIMINAL ACTIVITY CODE		LOCAT. CODE 14		WEAPON CODE UP TO 3 PER OFFENSE 01 01 01		OFFENDER(S) SUSPECTED OF USING ALCOH. DRUG COMP. NO NO NO																							
OFFENSE		OFFENSE / INCIDENT				STATUTE OR ORDINANCE				FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING																									
		1 WARRANT SERVICE				SFPD-03				N		C		90A		NO		NO		NO				14		01 01 01		NO NO NO																									
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)		PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON I-INTERVIEWED				V-VICTIM C-CITED S-SUSPECT A-ARRESTED				W-WITNESS D-DECEASED M-MISSING PERSON/ RUNAWAY				O-OTHER				TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.				P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB				O-OTHER U-UNKNOWN				INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION				M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH				U-UNCONSCIOUSNESS N-NONE				ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN I-AMERICAN INDIAN/NATIVE AMERICAN				A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE				W-WHITE O-OTHER U-UNKNOWN			
		PERSO N CODE A		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) DAVID BOURASSA																																													
		STREET ADDRESS 2864 CERRILLOS RD APT 12				APT. NO.				CITY SANTA FE				CTY. 01		STATE NM		ZIP 87505																																			
		RES. PHONE (000) 000-0000				BUS. PHONE				SOCIAL SECURITY NO.				DOB		AGE		SEX M		RACE WHT BLK ASIA IND UNK																																	
		HEIGHT 5' 07"		WEIGHT 165 LBS		HAIR BRO		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.																											
		PERSO N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																																													
		STREET ADDRESS				APT. NO.				CITY				CTY.		STATE		ZIP																																			
		RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.				DOB		AGE		SEX		RACE WHT BLK ASIA IND UNK																																	
		HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.																											
		PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER				VALUE		DRUG VALUE																													
		SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL / OAN				DATE RECOVERED				N.I.C. NO.																																	
		PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER				VALUE		DRUG VALUE																													
		SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL / OAN				DATE RECOVERED				N.I.C. NO.																																	
		YEAR		MAKE				MODEL				BODY STYLE				LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR																													
		VALUE / DAMAGE EST.																																																			
SYNOPSIS		ON 7 SEPTEMBER 2015 AT 3007 CERRILLOS ROAD IN SANTA FE, NEW MEXICO I LEARNED A MALE, IDENTIFIED AS DAVID BOURASSA, HAD AN ACTIVE WARRANT FOR HIS ARREST. I MADE CONTACT WITH MR. BOURASSA IN ROOM 135 AND VERIFIED HIS IDENTITY. MR. BOURASSA HAD A SANTA FE COUNTY MAGISTRATE COURT WARRANT (M49TR201504054) ISSUED BY JUDGE DAVID SEGURA FOR FAILURE TO APPEAR. MR. BOURASSA WAS ARRESTED, TRANSPORTED AND BOOKED INTO SANTA FE COUNTY ADULT DETENTION CENTER; \$171.00 CASH ONLY BOND. MR. BOURASSA STATED HIS MINOR DAUGHTER WAS IN CARE FOR BY HER MOTHER.																																																			
		I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED?		YES NO <input type="checkbox"/> <input type="checkbox"/>		I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE.				COMPLAINANT / VICTIM CERTIFICATION SIGNATURE X				DATE																																							
		REPORTING OFFICER (PRINT) SANDOVAL, CHRIS				RANK PO II		I.D. NO. 6303		DATE 09/07/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO				I.D. NO.		DATE																																			
		ASSISTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		PROCESSED BY		DATE		DATA ENTRY PERSON		DATE																																			
		APPROVING OFFICER (PRINT)				RANK		I.D. NO.		DATE		INCIDENT STATUS ACTIVE INACT. CLOSED U.F. CLA. GLE. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				EXCEPT CODE N		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE				DATE 09/07/2015																															
CERT./STATUS		AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)														CASES CLEARED BY THIS ARREST CASE NO. 15-013300A				CASE NO.				CASE NO.																													

OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-013304		STN# 02		PRIMAR YES																				
ON		OR		BETWEEN		MM/DD/YY		MM/DD/YY		MM/DD/YY		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-013304		BURGLAR FORCE NO F.		NO. OF UNITS ENT. 1														
TIME 09:32		DAY OF WEEK MON		TIME 10:09		DAY OF WEEK MON		TIME 10:09		DAY OF WEEK MON		ADDRESS / LOCATION OF INCIDENT YUCCA ST/ SIRINGO RD				CITY SANTA FE		CTY. 01		ZIP 87505		GANG REL. YES NO		HATE / BIAS MOT. CODE												
OFFENSE / INCIDENT						STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING										
																										ALCOH.			DRUG			COMP.				
1 WARRANT SERVICE						SFPD-03		M		C		90Z		NO		NO		NO				13		01				NO			NO			NO		
PERSON CODES						V-VICTIM		W-WITNESS		O-OTHER		TYPE CODES		P-POLICE		O-OTHER		INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE												
G-PARENT/GUARDIAN						C-CITED		D-DECEASED				I-INDIVIDUAL		G-GOVERNMENT		U-UNKNOWN		B-APPARENT BROKEN BONE		B-BLACK		A-ASIAN/ORIENTAL		W-WHITE												
R-REPORTING PERSON						S-SUSPECT		M-MISSING PERSON/				B-BUSINESS		R-RELIGIOUS				M-APPARENT MINOR INJURY		H-HISPANIC/MEXICAN		C-CHINESE		O-OTHER												
I-INTERVIEWED						A-ARRESTED		R-RUNAWAY				F-FINANCIAL INST.		S-SOCIETY/PUB				O-OTHER MAJOR INJURY		I-AMERICAN INDIAN/NATIVE AMERICAN		J-JAPANESE		U-UNKNOWN												
PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																														
A		I		N		CARRILLO																														
STREET ADDRESS						APT. NO.		CITY						CTY.		STATE		ZIP																		
2711 RINCON CT								SANTA FE						01		NM		87505																		
RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.				DOB				AGE		SEX		RACE																
(505) 316-8979																		F		WHT BLK ASIA IND UNK																
HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.												
5' 02"		130 LBS		BRO		BRO																														
PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																														
STREET ADDRESS						APT. NO.		CITY						CTY.		STATE		ZIP																		
RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.				DOB				AGE		SEX		RACE																
																				WHT BLK ASIA IND UNK																
HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.												
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER				VALUE		DRUG VALUE														
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)						SERIAL / OAN				DATE RECOVERED		N.I.C. NO.																		
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SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)						SERIAL / OAN				DATE RECOVERED		N.I.C. NO.																		
YEAR		MAKE				MODEL				BODY STYLE				LICENSE NO.				LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR												
VALUE / DAMAGE EST.																																				
ON MONDAY, SEPTEMBER 07, 2015 OFFICER MADE CONTACT WITH MARICELA CARRILLO ON A TRAFFIC STOP. OFFICER SUBSEQUENTLY ARRESTED MARICELA ON A MAGISTRATE COURT WARRANT NUMBER M-49-MR-2014-00111 FOR FAILURE TO APPEAR. THE SIGNING JUDGE IS SANDRA MIERA AND MARICELA'S BOND WAS SET AT FOUR HUNDRED DOLLARS CASH OR SURETY. MARICELA'S KIDS WERE CARED FOR BY HER BROTHER HERIBERTO CARRILLO. HANDCUFFS WERE SPACED AND DOUBLED LOCKED. MARICELA WAS BOOKED AT THE SANTA FE COUNTY DETENTION CENTER ACCORDINGLY.																																				
I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED.				YES NO		I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE.				COMPLAINANT / VICTIM CERTIFICATION SIGNATURE				X				DATE																		
REPORTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO				I.D. NO.		DATE																				
LOPEZ, CELEISTINO				POIII		6600		09/07/2015																												

OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-013304		STN# 02		PRIMAR YES																																					
ON		OR		BETWEEN		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-013304		BURGLAR FORCE NO F.		NO. OF UNITS ENT. 1																																					
MM/DD/YY 09/07/2015		MM/DD/YY 09/07/2015		MM/DD/YY 09/07/2015		ADDRESS / LOCATION OF INCIDENT YUCCA ST/ SIRINGO RD				CITY SANTA FE		CTY. 01		ZIP 87505		GANG REL. YES NO		HATE / BIAS MOT. CODE																																			
TIME 09:32		DAY OF WEEK MON		TIME 10:09		DAY OF WEEK MON		TIME 10:09		DAY OF WEEK MON		ADDRESS / LOCATION OF INCIDENT YUCCA ST/ SIRINGO RD		CITY SANTA FE		CTY. 01		ZIP 87505		GANG REL. YES NO		HATE / BIAS MOT. CODE																															
OFFENSE		OFFENSE / INCIDENT				STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING																											
		1 WARRANT SERVICE				SFPD-03		M		C		90Z		NO		NO		NO				13		01		NO NO NO																											
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)		PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON H-INTERVIEWED				V-VICTIM C-CITED S-SUSPECT A-ARRESTED M-MISSING PERSON/ RUNAWAY				W-WITNESS D-DECEASED M-MISSING PERSON/ RUNAWAY				O-OTHER				TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.				P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB				O-OTHER U-UNKNOWN				INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION				M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH				U-UNCONSCIOUSNESS N-NONE				ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN I-AMERICAN INDIAN/NATIVE AMERICAN				A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE				W-WHITE O-OTHER U-UNKNOWN			
		PERSON CODE A		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) MARICELA																																													
		STREET ADDRESS 2711 RINCON CT				APT. NO.		CITY SANTA FE				CTY. 01		STATE NM		ZIP 87505																																					
		RES. PHONE (505) 316-8979				BUS. PHONE				SOCIAL SECURITY NO.				DOB		AGE		SEX F		RACE WHT BLK ASIA IND UNK																																	
		HEIGHT 5' 02"		WEIGHT 130 LBS		HAIR BRO		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.																											
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		RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.				DOB		AGE		SEX		RACE WHT BLK ASIA IND UNK																																	
		HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.																											
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		SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL / OAN				DATE RECOVERED				N.I.C. NO.																																	
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		YEAR		MAKE				MODEL				BODY STYLE				LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR				BTM. COLOR																											
		VALUE / DAMAGE EST.																																																			
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CERT./STATUS		I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED.				YES NO		I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE.				COMPLAINANT / VICTIM CERTIFICATION SIGNATURE				X				DATE																																	
		REPORTING OFFICER (PRINT) LOPEZ, CELESTINO				RANK POIII		I.D. NO. 6600		DATE 09/07/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO				I.D. NO.		DATE																																			
		ASSISTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		PROCESSED BY				DATE		DATA ENTRY PERSON				DATE																															
		APPROVING OFFICER (PRINT)				RANK		I.D. NO.		DATE		INCIDENT STATUS ACTIVE INACT. CLOSED U.F. CLA. CLE.				EXCEPT CODE		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE NO CUSTODY N-NOT APPLICABLE				DATE																															
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OCCURRENCE DATE(S)			DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-013315		STN# 07		PRIMAR YES																												
ON		OR		BETWEEN		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-013315		BURGLAR FORCE NO F.		NO. OF UNITS ENT.																											
MM/DD/YY 09/07/2015		MM/DD/YY 09/07/2015		MM/DD/YY 09/07/2015		ADDRESS / LOCATION OF INCIDENT 2200 CAMINO CARLOS RAY				CITY SANTA FE		CTY. 01		ZIP 87505		GANG REL. YES NO		HATE / BIAS MOT. CODE																									
TIME 17:26		DAY OF WEEK MON		TIME 17:50		DAY OF WEEK MON		TIME 21:35		DAY OF WEEK MON		ADDRESS / LOCATION OF INCIDENT 2200 CAMINO CARLOS RAY		CITY SANTA FE		CTY. 01		ZIP 87505																									
OFFENSE / INCIDENT										STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING													
										1		WARRANT SERVICE		SFPD-03		M		C		90Z		NO		NO		NO						13		01				NO		NO		NO	
PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON I-INTERVIEWED										V-VICTIM C-CITED S-SUSPECT A-ARRESTED		W-WITNESS D-DECEASED M-MISSING PERSON/ RUNAWAY		O-OTHER		TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.		R-POLICE G-GOVERNMENT S-SOCIETY/PUB		O-OTHER U-UNKNOWN		INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION		M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH		U-UNCONSCIOUSNESS N-NONE		ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN I-AMERICAN INDIAN/NATIVE AMERICAN		A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE		W-WHITE O-OTHER U-UNKNOWN											
PERSO N CODE A		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) JENNIFER ROMERO																																					
STREET ADDRESS 23 PONDEROSA LN				APT. NO.		CITY PECOS				CTY. 01		STATE NM		ZIP 87552																													
RES. PHONE				BUS. PHONE		SOCIAL SECURITY NO.				DOB		AGE		SEX F		RACE WHT BLK ASIA IND UNK																											
HEIGHT 5' 08"		WEIGHT 160 LBS		HAIR BLK		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.																			
PERSO N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																																					
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RES. PHONE				BUS. PHONE		SOCIAL SECURITY NO.				DOB		AGE		SEX		RACE WHT BLK ASIA IND UNK																											
HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.																			
PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER				VALUE		DRUG VALUE																					
SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL / OAN				DATE RECOVERED				N.I.C. NO.																									
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SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)				SERIAL / OAN				DATE RECOVERED				N.I.C. NO.																									
YEAR 1998		MAKE FORD				MODEL XPL				BODY STYLE 4D		LICENSE NO. MWL043		LIC. YEAR 2016		LIC. ST. NM		TOP COLOR WHI		BTM. COLOR																							
VALUE / DAMAGE EST.																																											
SYNOPSIS										SEPTEMBER 7 2015 STOPPED A VEHICLE SPEEDING 35 IN 25, RECORDS CHECK AND DRIVER HAD 2 WARRANTS.																																	
CERT./STATUS										1 WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED? YES NO 1 UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE. COMPLAINANT / VICTIM CERTIFICATION SIGNATURE X DATE																																	
REPORTING OFFICER (PRINT) DAVIS, CRAIG				RANK PO II		I.D. NO. 6660		DATE 09/07/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO				I.D. NO.		DATE																											
ASSISTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		PROCESSED BY				DATE		DATA ENTRY PERSON		DATE																									
APPROVING OFFICER (PRINT)				RANK		I.D. NO.		DATE		INCIDENT STATUS ACTIVE INACT. CLOSED U.F. CLA. CLE. EXCEPT CODE A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE NO CUSTODY N-NOT APPLICABLE				CASE NO.		CASE NO.																											
AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)										CASES CLEARED BY THIS ARREST CASE NO.																																	

OCCURRENCE DATE(S)		DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-013299		STN# 02		PRIMAR YES																																							
ON OR BETWEEN																																																					
MM/DD/YY 09/07/2015		MM/DD/YY 09/07/2015		MM/DD/YY 09/07/2015		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-013299		BURGLAR FORCE NO F.																																							
TIME 03:10		DAY OF WEEK MON		TIME 03:10		DAY OF WEEK MON		ADDRESS / LOCATION OF INCIDENT 2706 GALISTEO ROAD				CITY SANTA FE		CTY. 01		ZIP 87505		GANG REL. YES NO		HATE / BIAS MOT. CODE 00																																	
OFFENSE		OFFENSE / INCIDENT				STATUTE OR ORDINANCE		FEL./ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING																											
		1 MISSING PERSON				SFPD-05		N		C		90Z		NO		NO		YES				20				UNK		UNK																									
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESS)		PERSON CODES G-PARENT/GUARDIAN R-REPORTING PERSON I-INTERVIEWED				V-VICTIM C-CITED S-SUSPECT A-ARRESTED				W-WITNESS D-DECEASED M-MISSING PERSON/ RUNAWAY				O-OTHER				TYPE CODES I-INDIVIDUAL B-BUSINESS F-FINANCIAL INST.				P-POLICE G-GOVERNMENT R-RELIGIOUS S-SOCIETY/PUB				O-OTHER U-UNKNOWN				INJURY CODES B-APPARENT BROKEN BONE I-POSSIBLE INTERNAL INJURY L-SEVERE LACERATION				M-APPARENT MINOR INJURY O-OTHER MAJOR INJURY T-LOSS OF TEETH				U-UNCONSCIOUSNESS N-NONE				ETHNIC CODES B-BLACK H-HISPANIC/MEXICAN I-AMERICAN INDIAN/NATIVE AMERICAN				A-ASIAN/ORIENTAL C-CHINESE J-JAPANESE				W-WHITE O-OTHER U-UNKNOWN			
		PERSON CODE M		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) AMANDA ESQUIBEL																																													
								AMBER DEVINE																																													
		STREET ADDRESS 2706 GALISTEO ROAD				APT. NO.		CITY SANTA FE										CTY. 01		STATE NM		ZIP 87505																															
		RES. PHONE				BUS. PHONE				SOCIAL SECURITY NO.				DOB				AGE		SEX F		RACE WHT BLK ASIA IND UNK																															
		HEIGHT 5' 01"		WEIGHT 100 LBS		HAIR BRO		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.																											
		PERSON CODE G		TYPE CODE I		INJURY CODE N		1-NAME (LAST, FIRST, MIDDLE, SUFFIX) NATASHA SERENITY																																													
								SERENITY																																													
		STREET ADDRESS 2706 GALISTEO ROAD				APT. NO.		CITY SANTA FE										CTY. 01		STATE NM		ZIP 87505																															
		RES. PHONE (505) 316-1666				BUS. PHONE				SOCIAL SECURITY NO.				DOB				AGE		SEX F		RACE WHT BLK ASIA IND UNK																															
HEIGHT 5' 02"		WEIGHT 108 LBS		HAIR BRO		EYES BRO		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.																													
SYNOPSIS		PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER				VALUE		DRUG VALUE																													
		SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)								SERIAL / OAN				DATE RECOVERED		N.I.C. NO.																															
		PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM				MAKE / BRAND				MODEL				CALIBER				VALUE		DRUG VALUE																													
		SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)								SERIAL / OAN				DATE RECOVERED		N.I.C. NO.																															
		YEAR		MAKE				MODEL				BODY STYLE				LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR																													
		VALUE / DAMAGE EST.																																																			
ON SEPTEMBER 7, 2015 POLICE WERE CALLED TO 2110 RANCHO SIRINGO ROAD IN REFERENCE TO TWO MISSING JUVENILES. BOTH JUVENILES WERE LOCATED A SHORT TIME LATER.																																																					
CERT./STATUS		I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED.				YES		NO		I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE.				COMPLAINANT / VICTIM CERTIFICATION SIGNATURE				X		DATE																																	
		REPORTING OFFICER (PRINT) SENA, LUCAS				RANK PO II		I.D. NO. 7056		DATE 09/07/2015		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO				I.D. NO.		DATE																																			
		ASSISTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		PROCESSED BY				DATE		DATA ENTRY PERSON																																			
		APPROVING OFFICER (PRINT) HIDALGO,BRYAN				RANK SGT		I.D. NO. 3484		DATE 09/07/2015		INCIDENT STATUS ACTIVE INACT. CLOSED U.F. CLA. CLE.				EXCEPT CODE		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF TO COOPERATE E-JUVENILE NO CUSTODY N-NOT APPLICABLE																																			
		AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.) INV,JPO,CYFD										CASES CLEARED BY THIS ARREST CASE NO.				CASE NO.				CASE NO.																																	